U.S. Department of Labor "Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1, File Number U -	2. Fiscal Year Covered From:			
10427	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name William Kaczor	Name American Postal Workers Union, AFL-CIO			
	Labor Organization File Number 000-510			
P.O. Box, Bldg., Room No., if any Suites K-Z	P.O. Box, Building and Room Number, if any			
Street 799 Cromwell Park Dr.	Street 1300 L Street N.W.			
City Glen Burnie	City Washington			
State Maryland ZIP Code +4 21061	State District of Columbia ZIP Code + 4 20005-4126			
S. Position in labor organization. Director, APWU Health Plan				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.				
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Sig	nature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report/including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief-type, correct, and complete. (See the section on penalties in the instructions.)				
Signed Min 1/2	On 12/22/2005 410-424-1503			
	Date Telephone Number			

Name of Person Filing William Kaczor	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values ubstantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name American Postal Workers Union Health Plan Trade Name, if any: P.O. Box, Bldg., Rcom No., if any Suite K-Z Street 799 Cromwell Park Dr. City Glen Burnie State Maryland ZIP Code + 4 2:1061 10. If 9.b. or 9.c. is checked give trust or employer's name. Name American Postal Workers Union Health Plan	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Duties required as Director, APWU Health Plan.
Trade Name, if any: P.O. Box, Bldg., Rocm No., if any Suite K-Z Street 799 Cromwell Park Dr. City Glen Burnie State Maryland ZIP Code + 4 21061	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Parking, 1/9/04, \$14 Business Meals employee appreciation 1/30/03 \$55.18 Secretary Tresurer Tunstall Retirement dinner - parking, 1/29/04 \$28
	12.b. Amount. \$97
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing William Kaczor	File Number U -

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (include	ding trade name, if any).	9. Business deals with:	
Name American Postal Worker	s Union Health Plan	a. Labor Organization	
Trade Name, if any:			
P.O. Box, Bldg., Floom No., if any Suit	e K-Z	b. Trust	
Street 799 Cromwell Park Dr.		c. Employer	
City Glen Burnie			
State Maryland	ZIP Code + 4 21061		
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing.	
Name American Postl Workers		Duties required as Director, APWU	Health Plan.
Name Allerican Posti Workers	Oliton Realth Flan		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Suit	e K-Z		
Street 799 Cronwell Park Dr.			
City Glen Burnie			
State Maryland	ZIP Code + 4 21061	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	
		Oregon/Dakota Conventions - Travel 1/5/04-4/19/04 \$3,659.32	expenses,
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			İ
		125	
		12.b. Amount,	\$3,659

Name of Person Filing William Kaczor	File Number U-	
Part B Continuation Page		

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name American Postal Workers Union AFL-CIO Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite K-Z Street 799 Cromwell Park Dr. City Glen Burnie State Maryland. ZIP Code + 4 21061	9. Business deals with: a. Labor Organization b. Trust c. Employer	
	11 a Natura of such dealing	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name American Postal Workers Union AFL-CIO Trade Name, if any: P.O. Box, Bldg., Rcom No., if any Suite K-Z Street 799 Cromwell Park Dr. City Glen Burnie	Duties required as Director, APWU	Health Plan.
State Maryland ZIP Code + 4 21061	11.b. Approximate dollar value of such dealing.	
		<u></u>
	12.a. Nature of interest held or income received.	
	Kansas State Convention - Travel e. 4/12/04-5/2/04 \$758.44	xpenses,
	12.b. Amount.	\$758

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Name of Person Filing William Kaczor File Number U-	

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name American Postal Workers Union Health Plan	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite K-Z	b. Trust	
Street 799 Crcmwell Park Dr.	C. Employer	
City Glen Burnie		
State Maryland ZIP Code + 4 21061		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name American Postal Workers Union Health Plan	Duties required as Director, APWU Health Plan.	
Trade Name, if any:		Ì
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P.O. Box, Bldg., Room No., if any Suite K-Z		1
Street 799 Cromwell Park Dr.		1
City Glen Burnie		
State Maryland ZIP Code + 4 23.061	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Enrollee problem-Business meal, 4/2/04 \$45.80 Meeting with former HP Director-Business meal 5/11/04 \$ 88.81; Meeting with HPR-Business meal, \$70.90 Parking 5/5/04; 5/12/04; 5/17/04; 5/31/04 Total \$58; TN Convention 5/19-22/04- Travel Expenses \$ 472.	. 53
	12.b. Amount.	530

Name of Person Filing William Kaczor	File Number U-			
Part B Continuation Page				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
B. Name and address of Business (including trade name, if any). Name American Postal Workers Union Health Plan Trade Name, if any:	9. Business deals with: a. Labor Organization			
P.O. Box, Bidg., Room No., if any Suite K-Z Street 799 Cromwell Park Dr.	b. Trust			
City Glen Burnie State Maryland ZIP Code + 4 21061				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name American Postal Workers Union Health Plan Trade Name, if any:	Duties required as Director, APWU Health Plan.			
P.O. Box, Bldg., Room No., if any Suite K-2 Street 799 Cromwell Park Dr. City Glen Burnie				
State Maryland ZIP Code + 4 21.061	11.b. Approximate dollar value of such dealing.			
	12.a. Nature of interest held or income received.			

Alabama State Convention - Travel Expenses

06/02/04 - 06/04/04 \$705.75

12.b. Amount.

\$706

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Name of Person Filing William Kaczor	File Number U-			
Part B Continuation Page				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an emp'oyer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name American Postal Workers Union Health Plan	9. Business deals with:			
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any Suite K-Z Street 799 Cromwell Park Dr.	C. Employer			
City Glen Burnie State Maryland ZIP Code + 4 21061				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name American Postal Workers Union Health Plan	Duties required as Director, APWU Health Plan.			
Trade Name, if any:				
P.O. Box, Bldg., Rcom No., if any Suite K-Z	\ .			
Street 799 Cromwell Park Dr.				
City Glen Burnie				
State Maryland ZIP Code + 4 21061	11.b. Approximate dollar value of such dealing.			
	12.a. Nature of interest held or income received.			
	Massachusetts State Convention - Travel Expenses 6/10-13/04 \$845.03			

\$845

Name of Person Filing William Kaczor	File Number U-			
Part B Continuation Page				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name American Postal Workers Union Health Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite K-Z Street 799 Cromwell Park Dr. City Glen Burnie State Maryland ZIP Code + 4 21061 10. If 9.b. or 9.c. is checked give trust or employer's name. Name American Postal Workers Union Health Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite K-Z Street 799 Cromwell Park Dr. City Glen Burnie	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Duties required as Director, APWU Health Plan.			
State Maryland ZIP Code + 4 2:1061	11.b. Approximate dollar value of such dealing.			
	12.a. Nature of interest held or income received. National Convention - Travel Expenses 8/11/04 \$1,000			

\$1,000

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Name	of Person Filing William Kaczor		File Number U-		
	Part B Continuation Page				
or leas (2) any	B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or 2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
		9. Business deals with:			
8. Na	me and address of Business (including trade name, if any).	or Edomoco Godio Willia			
Na	ne American Postal Workers Union Health Plan	a. Labor Organi:	zation		
Tra	de Name, if any:				
P.(Box, Bldg., Room No., if any Suite K-Z	b. Trust			
Str	get 799 Cromwell Park Dr.	c. Employer			
Cit	Glen Burnie			,	
Sta	te Maryland ZIP Code + 4 21061			į	
10. lf	I 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.		
Na	ne American Postal Workers Union Health Plan	Duties required as	Director, APWU	Health Plan.	
Tra	de Name, if any:	[]		}}	
P.0	Box, Bldg., Room No., if any Suite K-Z	†		{}	
Str	eet 799 Cromwell Park Dr.	li I		\	
Cit	(10)	Į.			
0	OTGIT BUTTILE	L			
Sta	te Maryland ZIP Code + 4 21.061	11.b. Approximate dollar va	lue of such dealing.	<u></u>]	
		12.a. Nature of interest he	ld or income received.		
		Business Meal 9/9/			
		Definity Meeting/E		· I I	
		Minneapolis Fall S 9/24-26/04 \$667.41	eminar - Travel		
		3/24-20/04 \$667.41			
				11	
				[[
		12.b. Amount.	***************************************	\$1,182	
	I I	1		·	

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ne of Person Filing William Kaczor			File Number U-			
	Part B Continuation Page					
B. Held an interest in or derived income or economic benefit with m or leasing to, or otherwise dealing with the business of an employe (2) any part of which consists of buying from or selling or leasing dir your labor organization is interested.	r whose employees you	r labor organization re	epresents or is actively se	eking to represent, or		
8. Name and address of Business (including trade name, if a Name American Postal Workers Union Health Trade Name, if any: P.O. Box, Bidg., Room No., if any Suite K-Z Street 799 Cromwell Park Dr. City Glen Burnie State Maryland ZIP Code + 4 210 10. If 9.b. or 9.c. is checked give trust or employer's name. Name American Postal Workers Union Health Trade Name, if any: P.O. Box, Bidg., Room No., if any Suite K-Z	Plan []	iness deals with: a. Labor Organi b. Trust c. Employer Nature of such deales required as		Health Plan.		
Street 799 Cromwell Park Dr.						
City Glen Burnie						
State Maryland ZIP Code + 4 21	11.b. A	approximate dollar va	lue of such dealing.			
	Oreg	***************************************	dd or income received. ar - Travel Expen	ses 10/11-17/04		
	12.b.	Amount.		\$1,282		

Name of Person Filing william Kaczor		File Number U-		
Part B Continuation Page				
B. Held an interest in or derived income or economic benefit with monetary value or leasing to, or otherwise dealing with the business of an employer whose employer any part of which consists of buying from or selling or leasing directly or indirectly or labor organization is interested.	yees your labor organization repi	resents or is actively sec	eking to represent, or	
	9. Business deals with: a. Labor Organiza b. Trust c. Employer 11.a. Nature of such dealin Duties required as 1	ation		
State Maryland ZIP Code + 4 21061	11 h. Approximate dollar value	se of such dealing		
21001	11.b. Approximate dollar value 12.a. Nature of interest held Parking 10/15/04 \$1 \$8; Dinner 10/23/\$; Business Meal/B. Bot \$11.51; NARLCDinner w/B. Evans 12/16 \$40 Appreciation \$172	or income received. 6,11/4/ \$16,11/2 22; Lunch 10/29, arman \$54.47;Ca: 12/4/ \$47.80; Bi	/ \$19.91; r Expense 11/11/ usiness Meal	
1	12 h Amount		1012	

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Name	of Person Filing William Kaczor		File Number U-	
1	Part B Contin	uation Page		
or leas (2) an	d an interest in or derived income or economic benefit with monetary value fing to, or otherwise dealing with the business of an employer whose employ part of which consists of buying from or selling or leasing directly or indirectly abor organization is interested.	ees your labor organization re	epresents or is actively see	king to represent, or
8. Na	me and address of Business (including trade name, if any).	9. Business deals with:		
1	me American Postal Workers Union Health Plan	a. Labor Organi	zation	
P.0	Box, Bldg., Room No., if any Suite K-Z	b. Trust		
Str	eet 799 Cromwell Park Dr.	c. Employer		
Cit				ŀ
Sta	te Maryland ZIP Code + 4 21061			
10. If	9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dear		- 1.b. p1
Na	me American Postal Workers Union Health Plan	Duties required as	Director, APWD I	lealth Plan.
Tra	de Name, if any:			: }
P.0	D. Box, Bldg., Room No., if any Suite K-Z	{		, i
Str	eet 799 Cromwell Park Dr.			ļ
Cit	Glen Burnie			
Sta	Maryland ZIP Code + 4 21061	11.b. Approximate dollar va	alue of such dealing.	
		12.a. Nature of interest he Auto Expense 12/20 Meals/Management A Burrus and W. Kacz	0/04 \$ 25.00; Bus appreciation (18	
1		12 h Amount		\$9.69

Name of Person Filing William Kaczor		File Number U-		
Part B Continuation Page				
B. Held an interest in or derived income or economic benefit with monetary value or leasing to, or otherwise dealing with the business of an employer whose employer any part of which consists of buying from or selling or leasing directly or indirectly or	loyees your labor organization r	epresents or is actively se	eking to represent, or	
8. Name and address of Business (including trade name, if any). Name American Postal Workers Union Health Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite K-Z Street 799 Cromwell Park Dr. City Glen Burnie State Maryland ZIP Code + 4 21061 10. If 9.b. or 9.c. is checked give trust or employer's name. Name American Postal Workers Union Health Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite K-Z Street 799 Cromwell Park Dr. City Glen Burnie	9. Business deals with: a. Labor Organ b. Trust c. Employer 11.a. Nature of such deal Duties required as	ling.	Health Plan.	
7/D Code + 4 0/10/21	۳ <u> </u>			
State Maryland ZIP Code + 4 2:1061	11.b. Approximate dollar va			
	12.a. Nature of interest he Open Season Semina \$1,204.64		ses 10/23-30/04	
	12.b. Amount.		\$1,204	

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Nan	e of Person Filing William Kaczor	File Number U-		
	Part B Contin	uation Page		
or le: (2) a	ld an interest in or derived income or economic benefit with monetary value f ising to, or otherwise dealing with the business of an employer whose employ by part of which consists of buying from or selling or leasing directly or indirectly labor organization is interested.	ees your labor organization re	epresents or is actively seeking to represent, or	g
8. N	ame and address of Business (including trade name, if any).	9. Business deals with:		
l	ame American Postal Workers Union Health Plan	a. Labor Organi;	zation	
P	O. Box, Bldg., Room No., if any Suite K-Z	b. Trust		
s	reet 799 Cromwell Park Dr.	c. Employer		
ļ	Glen Burnie			
<u> </u>	ate Maryland ZIP Code + 4 21061	Ad - Nickers of our bid and	r	{
	f 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	Director, APWU Health Plan.	
N	ame American Postal Workers Union Health Plan	Bacies ledaned as	briedtor, Arwo hearth Frant.	- }}
 T	rade Name, if any:			
P	O. Box, Bldg., Room No., if any Suite K-Z			[]
s	reet 799 Cromwell Park Dr.			[[
C	Glen Burnie			
s	late Maryland ZIP Code + 4 21061	11.b. Approximate dollar va	ilue of such dealing.	
		12.a. Nature of interest he	ld or income received.	
		W. Kaczor Family D \$172.30;	Death - Travel Expenses 10/6/04	
) '	nr - Travel Expenses 10/11-17/0	4
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Name of Person Filing William Kaczor		File Number U-			
Part 8 Continuation Page					
B. Held an interest in or derived income or economic benefit with monetary value or leasing to, or otherwise dealing with the business of an employer whose employer any part of which consists of buying from or selling or leasing directly or indirect your labor organization is interested.	/ees your labor organization re	epresents or is actively see	king to represent, or		
8. Name and address of Business (Including trade name, if any). Name American Postal Workers Union Health Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite K-Z Street 799 Cromwell Park Drive City Glen Burnie State Maryland ZIP Code + 4 21061 10. If 9.b. or 9.c. is checked give trust or employer's name. Name American Postal Workers Union Health Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite K-Z Street 799 Cromwell Park Drive City Glen Burnie State Maryland ZIP Code + 4 21061	9. Business deals with: a. Labor Organiz b. Trust c. Employer 11.a. Nature of such deal Duties required as 11.b. Approximate dollar va 12.a. Nature of interest he Income per the APW	ling. Director, APWU Filluments of such dealing.	Health Plan.		
	12.b. Amount.	i	\$105,614		

Name of Person Filing William Kaczor	File Number U-					
Part B Continuation Page						
or leasing to, or otherwise dealing with the business of an employer whos	any value from a business (1) a substantial part of which consists of buying from, selling se employees your labor organization represents or is actively seeking to represent, or or indirectly to, or otherwise dealing with your labor organization or with a trust in which					
Name and address of Business (including trade name, if any).	9. Business deals with:					
Name Kelly Press	a. Labor Organization					
Trade Name, if any: P.O. Box, Bldg., Room No., if any	b. Trust					
Street 1701 Cabin Branch Drive	c. Employer					
City Cheverly						
State Maryland ZIP Code + 4 20785						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Printing Company					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street						
City						
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.					
	12.a. Nature of interest held or income received.					
	Golf Outing and Lunch for Mr. and Mrs. Kaczor May 9, 2004, \$100					
	Golf Outing and Lunch for Mr. and Mrs. Kaczor June 24, 2004, \$100					
	Golf Outing and Lunch for Mr. and Mrs. Kaczor July 19, 2004, \$50					
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Name	of Person Filing William Kaczor		File Number U-			
	Part B Continuation Page					
or lea: (2) an	d an interest in or derived income or economic benefit with monetary value fing to, or otherwise dealing with the business of an employer whose employ part of which consists of buying from or selling or leasing directly or indirect abor organization is interested.	ees your labor organization re	epresents or is actively se	eking to represent, or		
Na Tri P.0 Str Cirl Sta 10. III Na Tri	9.b. or 9.c. is checked give trust or employer's name. me ade Name, if any: D. Box, Bldg., Rcom No., if any reet	9. Business deals with: A. Labor Organi b. Trust c. Employer 11.a. Nature of such dea Banking Services 11.b. Approximate dollar value	ling.			
;		12.a. Nature of interest he Golf Outing and Lu 2004, \$150		Mrs. Kaczor May .		
}		12.b. Amount.		\$150		